

lease type a r	olus sign (+) inside this box->/ + /			
	UTILITY	Atty Doc. No. <u>51964</u> Total Page <u>52</u>		
	PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER		
TRANSMITTAL		Andreas AUWETER et al.		
		Express Mail Label No		

**Application Elements** 

Address To: Assistant Commissioner for Patents **Box Patent Application** 

I./X /Fee transmittal Form (Submit an original,	and a duplicate for fee processing
) / Y /Snacification	lotal Pages / /
(Preferred arranger	nent set for below)

Descriptive title of the Invention

Cross References to Related Application

Statement Regarding Fed. Sponsored R & D

Reference to Microfiche Appendix

Background of the Invention

Brief Summary of the Invention

Brief Description of the Drawings (if filed)

**Detailed Description** 

Claim(s)

Abstract of the Disclosure

3./ / Drawing(s)(35 USC 113)(Figs.) Total Sheets / /

4./ X /Oath or Declaration

Total Pages/ 4 /

a /X / Newly executed (original or copy)

Signed statement attached deleting inventor(s) named in the prior application see 37 CFR 1.63(d)(2) and 1.33(b).

5. / Incorporation by reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

vvasinigion, D.C. 20231
6. / / Microfiche Computer Program (Appendix)
7. / Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a./ / Computer Readable Copy
b./ / Paper Copy (Identical to computer copy)
c./ / Statement verifying identity of above copies
ACCOMPANYING APPLICATIONS PARTS
8./
9./ / 37 CFR 3.73(b)Statement / /Power of Attorney
10 / /English Translation Document (if applicable)
11./ / Information Disclosure / / Copies of IDS Citations
12./ X / Preliminary Amendment
13./X/ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)  14./ /Small Entity / /Statement filed in prior application
16./ / Other

17. If a Continuing Application, check appropriate box and supply the requisite information:							
/ /Continuation / /D	Divisional /	/ Continuation-in part (CIP)	of prior application No.				
CORRESPONDENCE ADDRESS		, ,					
CORRESPONDENCE ADDRESS							

/ Customer Number or Bar code Label

or / / Correspondence address below

Insert Customer No. or Attach bar code label here

Name:

Herbert B. Keil

**KEIL & WEINKAUF** 

Address:

1101 Connecticut Ave., N.W

City

Washington

State: D.C.

 $\Pi\Pi H \Pi \Pi$ 

Zip Code 20036

Country

USA

Telephone (202)659-0100

Fax: (202)659-0105

1917 - 1919

## The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY		BASIC FEE \$370./\$740
Total	Claims: 40	20 = x 3 = x	\$ 9 /\$18 \$42/84	= =	\$ <u>740.00</u> \$ <u>360.00</u> \$
[ ] Multiple Dependent Claim(s) presented:\$140/280 [ ] Non-English specification fee: \$130 [X]A check is enclosed for the filing fee.				= = =	\$ \$ \$ <u>1100.00</u>

<sup>\*</sup>If the difference is less than zero, enter "0".

- [X] A check for \$ 1100.00 for the filing fee.
- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s)of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted, KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

1101 Connecticut Ave., N.W Washington, D.C. 20036 (202)659-0100 HBK/mks